



16A20  
16A20

**PATENT**  
Attorney Docket No. 07411.0005.NPUS00

**THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Edward Cohen )

Appln. No.: 09/522,716 )

Filed: March 10, 2000 )

Title: CANCER IMMUNOTHERAPY WITH )  
SEMI-ALLOGENIC CELLS )

Art Unit: 6035 )

Examiner: Christopher H. Yaen )

**CERTIFICATE OF MAILING**

I hereby certify that this paper is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this date.

10/09/03  
Date

David W. Clough, Ph.D.  
Registration No. 36,107

Mail Stop Non-Fee Amendment  
Assistant Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT TRANSMITTAL**

Dear Sir:

Sir:

Transmitted herewith is an amendment/reply in the above-identified application.

1. ( ) A paper requesting correction/substitution of drawings is attached.
2. (X) Amendments and Response to Office Action of April 11, 2003;
3. (X) Petition for Extension of Time Within the Third Month with fee of \$475 charged to our Deposit Account No. 08-3038.

**4. Fee for Claims**

- (x) No additional fee is required.

The fee for additional claims in accordance with 37 C.F.R. § 1.16(b)-(d) has been calculated as shown below:

				SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment	Highest No. Previously Paid for	Present Extra	Rate	Additional Fee	Rate	Additional Fe
Total	14	Minus 52	-	x 9	-	x 18	-
Indep.	2	Minus 6	-	X 43	-	x 86	-
Fee for Multiple Dependent Claims				+145	-	+290	-
				<b>TOTAL ADDITIONAL FEES</b>		<b>OR</b>	-

**5. Method of Payment of Fees**

- ( ) Enclosed is our firm check in the amount of: \$ \_\_\_\_\_.
- (x) Please charge \$ 475.00 to Deposit Account No. 08-3038 for payment of the Extension fees within the third month.

6. (X) The Commissioner is hereby authorized to charge any additional fees which may be required in this application under 37 C.F.R. §§1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 08-3038. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 08-3038. This sheet is filed in duplicate.

Respectfully submitted,

HOWREY SIMON ARNOLD & WHITE, LLP

By: \_\_\_\_\_

David W. Clough, Ph.D.  
Registration No.: 36,107

Dated: October 9, 2003  
HOWREY SIMON ARNOLD & WHITE, LLP  
321 N. Clark Street, Suite 3400  
Chicago, IL 60610  
Telephone: (312) 595-1408  
Fax: (312) 595-2250